

## University education and listening to violence\*

## A formação universitária e a escuta da violência

## La formación universitária y la escucha de la violencia

Received: 09/04/2019

Approved: 20/02/2020

Published: 20/07/2020

Bruna Afonso Gibim<sup>1</sup>Anamaria Silva Neves<sup>2</sup>

This is a qualitative research anchored in the psychoanalytic method, carried out in 2016, with the goal of identifying challenges and possibilities of the professional in training when listening to violence. The study was based on 18 meetings from 2013 to 2015 of the Extension Project “(Re)signifying pain and overcoming silence: assistance to the victim of sexual violence”, formed by 13 undergraduate students from the Nursing, Medicine and Psychology courses of a public federal university. The students' speeches about the understanding of violence are presented after participating in the group, with the operating group and discussion group and, as a record for analysis, the clinical diary was used. The research made it possible to identify challenges in university education in relation to listening to suffering and showed the importance of recognizing and giving rise to mobilizations that listening to violence produces in subjects who open themselves, ethically and politically, to such listening.

**Descriptors:** Violence; Psychoanalysis; Universities; Public Health.

Esta é uma pesquisa qualitativa ancorada no método psicanalítico, realizada em 2016, com objetivo de apreender os desafios e as possibilidades do profissional em formação frente à escuta da violência. O estudo baseou-se em 18 encontros de 2013 a 2015 do Projeto de Extensão “(Re)significando a dor e superando o silêncio: a assistência à vítima de violência sexual”, formado por 13 graduandos dos cursos de Enfermagem, Medicina e Psicologia de uma universidade pública federal. Apresenta-se falas dos alunos sobre a compreensão da violência após a participação no grupo com uso do grupo operativo e grupo de discussão e, como registro para análise, utilizou-se o diário clínico. A pesquisa permitiu identificar desafios na formação universitária em relação à escuta do sofrimento e demonstrou a importância de reconhecer e dar lugar às mobilizações que a escuta da violência produz nos sujeitos que se abrem, ética e politicamente, para tal escuta.

**Descritores:** Violência; Psicanálise; Universidades; Saúde Pública.

Esta es una encuesta cualitativa anclada en el método psicoanalítico, realizada en 2016 con el objetivo de comprender los retos y posibilidades del profesional en formación frente a la escucha de la violencia. El estudio se basó en 18 reuniones de 2013 a 2015 del Proyecto de Extensión “(Re)significando el dolor y superando el silencio: ayudando a la víctima de violencia sexual”, formado por 13 estudiantes de graduación de los cursos de Enfermería, Medicina y Psicología de una universidad pública federal. Los estudiantes hablan sobre la comprensión de la violencia después de participar en el grupo con el uso del grupo operativo y el grupo de discusión y, como registro para el análisis, se utilizó el diario clínico. La investigación permitió identificar los retos en la formación universitaria en relación con la escucha del sufrimiento y demostró la importancia de reconocer y dar lugar a las movilizaciones que la escucha de la violencia produce en los sujetos que se abren ética y políticamente a dicha escucha.

**Descriptores:** Violencia; Psicoanálisis; Universidades; Salud Pública.

\* Study funded by the National Council for Scientific and Technological Development (CNPq/Brazil).

1. Psychologist. Psychoanalyst. Specialist in Social Programs and Projects. Master in Psychology. Belo Horizonte, MG, Brasil. ORCID: 0000-0002-4550-5366 E-mail: bruna.gibim@gmail.com

2. Psychologist. Master, PhD and Post-Doctor in Psychology. Associate Professor, Department of Psychology of Universidade Federal de Uberlândia (UFU), Uberlândia, MG, Brazil. ORCID: 0000-0002-7722-8690 E-mail: anamaria.neves@ufu.br

## INTRODUCTION

The challenges of changes in higher education restore old dilemmas that concern broad, interdisciplinary, cultural and critical education, committed to social issues. Education cannot abdicate its responsibilities for reflection, and must be attentive to its ethical sense of priority commitment to humanizing people. It is up to education “the task of seeking to develop as a dynamic and reflective practice that, overcoming reductionist views, enables its users to be aware of human and social reality through a globalizing perspective”<sup>1</sup>.

Therefore, it is the responsibility of universities to commit to ethical and social training. In this sense, the issue of violence has emerged as a central theme in current debates. Much is discussed about violence, especially about its explosive increase and markedly perverse character<sup>2,3</sup>. Assistance to children and adolescents who are victims of violence is increasingly common<sup>4,5</sup>. What is observed is that, in the face of violence assistance, many professionals report that they do not feel prepared and are unable to receive their patients<sup>6,7</sup>. The question that arises is whether there is how to prepare the professional to deal with cases of violence, and what is the responsibility that the university has in this regard.

The Universidade Federal de Uberlândia (UFU) promoted the Project for the Extension of the Network to Combat Violence Against Women, Children and Adolescents, which sought to build effective strategies for monitoring and implementing public health policies by strengthening an interdisciplinary team and actions that would qualify undergraduates and prepare them for reception, with the adoption of a humanized approach.

Thus, this research aims to apprehend challenges and possibilities of the professional in training when listening to violence. It was then up to observe and analyze how the group experienced the exploration of the theme, identifying affections, anxieties and mobilizations that experiences with violence evoke.

## METHOD

This is a qualitative research based on the understanding of undergraduate students about violence after an extension experience in the *(Re)signifying* group, as it came to be called, and which had as its initial proposal the provision of care to victims of sexual violence at Hospital das Clínicas (HC)/UFU. Thirteen participants were approved in the selection process, two graduating from the Nursing course, four from the Medicine course and seven from the Psychology course. The study was prepared in 2016, but considered the report of extension workers in group activities between 2013 and 2015.

Due to difficulties at the HC/UFU, other institutions were used as a way of inserting students in the population care services. This is because every clinic is social, it is rehearsal, experimentation, a place of reinvention, of renewal of listening and looking<sup>8</sup>.

The project took place every two weeks and lasted an hour and a half, held at the Psychological Clinic at UFU. Eighteen meetings were held based on discussions and reflections on the theme based on scientific articles, films, music, documentaries, group dynamics and welcoming observations. In planning the Extension Project, we opted for the operative group<sup>9</sup> and discussion group<sup>10,11</sup> model, which was maintained as the basis for this research.

The group is understood as a basic structure of interaction, which transforms it into a basic unit of work and investigation. The group is defined, then, as the restricted set of people, linked together by time and space constants, and articulated by their mutual internal representation, which proposes, explicitly or implicitly, a task that constitutes its proposal<sup>9</sup>. Through planning, the interaction in the group can be regulated to enhance it and make it more effective in its goal. Thus, the operative technique emerges, which privileges the group task.

In the psychoanalytic approach, the discussion group<sup>10,11</sup> consists of an operational group modality, in which the participants aim, through free association, to discuss about a theme. This, with a view to circulating the knowledge, the thinking of each participant, awakening

associations and forming knowledge, seeking to horizontalize knowledge and practice of each one. Thus, the discussion group model served as a theoretical support for the group to build knowledge about violence.

To understand violence, the study was based on psychoanalytic theory. During supervisions, attempts were made to enable discussions that sensitized students to qualified and expanded listening and, also, to promote a space in which the anguishes related to *experiences* with violence could be named. Therefore, the experience lived in the meetings of the discussion group was sought: *what happens, what ensues, what touches on listening to violence*. Thus, the path of this work was constituted: to identify and interpret affections and mobilizations evoked by listening to violence.

As a record for analysis, the *clinical diary*<sup>12</sup> was used, a writing field where impressions were reported during and after the groups. The field metapsychological diary is a proposal to start the written production of the research as soon as it arrives in the field and an important axis of this methodology is the clinical diary.

The concept of a *clinical diary* is supported by the Freudian work, where we find some random notes in the form of fragments; notes that perhaps reflect one of Freud's styles of work, that is, gathering small records and ideas for later use. The clinical diary allows the researcher to let significant associations flow, forming a plot, a textual fabric, in which his experience is recorded. Instrumentalized transference is the process by which the researcher goes to their records and relates their findings to the worked literature and seeks, above all, to develop impressions that meet their expectations in the face of the research problem<sup>12</sup>.

Parts of the extension students' speeches are presented in the results within interpretive perspectives of violence. Graduating students were identified with N for Nursing students; M for Medicine and P for Psychology.

This study was included in Notice no. 1/2013, for the Selection of Students of the Dean of Extension, Cultures and Student Affairs.

## RESULTS

Listening to violence: this is the group's (*Re*)signifying challenge. The discussions raised by the texts, videos, films, music and other resources used as triggers of the debate were important for the students to (re)think the place of listening in front of the other. In the meetings with the group, different elements emerged for the analysis.

The group reflected on the university (de)formation that does not prepare them to welcome the other and their uniqueness, and that in situations of violence, the service may be compromised, and the service itself would be configured as violent. It was common to hear students complain that they never had classes related to the theme during the course, not even during the internships.

Some participants said that the charge in supervised internships is that the service is as short as possible, making it difficult for qualified listening:

*Do it fast? Do not inform? How do you do?* (Regarding guidance received in their supervised internship, where the nursing professional teaches that "30 minutes to open a prenatal record is a waste of time"). (N1)

*As academics, we have more time: 1 hour; and, later on, around 20, 30 minutes. Today I was in childcare, so I arrived earlier, to do everything. The mother wants to know what contraceptive to take, the father wants to know if the baby can already eat solid food and stop breastfeeding. You have to arrive early to handle it. It is worse on duty at the hospital. We hear: "there are 3 patients in the waiting line and you haven't assisted them yet?"* (M2)

*As the course progresses, you are charged to do it faster and faster. There comes a point where you can no longer see the patient as a whole. If you are in gynecology, you will see that it is gynecology. Sometimes the problem is not even in that organ, it is not there, in the system you are studying. Sometimes it is something else. These goals, these deadlines hinder the reception and the quality of care.* (M1)

*You have to put it on the scale ... it gets in the way ... Working with quality or keeping people waiting in line?* (About charging the health sector to serve a certain number of people) (N2)

The group's expectation, reinforced by the promise of attending sexual violence at HC/UFU, was to find a report of violence with facts, evidence (such as a crime report, police report or marks in the body), undeniable violence, without margin for doubts. Debated about non-explicit violence, put as such:

*The relationship is how we expect to see violence and what it really is. Theory is one thing, practice is another. (N2)*  
*Very difficult to see that it was not that. Sometimes it is a defense to endure, it is very difficult to face it [violence] in fact, as it really is. Then the person is looking for things that make the situation more subtle, more delicate. (P2)*  
*Uncomfortable. You see it's nothing like that. It puts you in an uncomfortable situation, creates an impact, discomfort, restlessness. (P3)*

It was discussed that violence is not what it seems, what appears is the fact. Violence is the phenomenon, and also what does not appear and which is revealed when the subject gives time and support to appear:

*In care, you need to see more, highlight a necessary detail. (M1)*

With each planning of meetings, there was a need to care for and support the group. The "clash" - as it was named by a graduate student - with violence, with the pain of the other; it affects, mobilizes feelings of hatred, guilt, fear, and makes the group feel powerless. Giving place and welcoming these elements that appear in the group are actions that allow undergraduates to feel more supported to face violence, for careful production.

A case received at the Psychological Clinic affects undergraduates who observed the reception at different times. It was the case of a nine-year-old girl sexually assaulted by her stepfather in the presence of her younger brother. When the mother saw the scene and tried to stop him, she was beaten by her partner until she passed out. A member of the group asks:

*I kept thinking about it a lot ... I was wondering a lot if this model of traditional clinic can handle everything. For all areas of health as well. If a doctor is able to hear everything in a rush on duty, in a hospital. The same thing with the nurse. (P3)*

Other embraces also affect the group:

*This case mobilizes... a lot. There is no way not to mobilize. I don't know how a case like this passed through my hands... it is very difficult to endure this week for me. (P4)*  
*I don't even know what to say... what to do... (P5)*  
*I was completely at a loss what to do. (P6)*

The meeting after the observations at the Psychological Clinic has as its central question:

*What are we going to do with it? (P3)*

The graduate student poses this fundamental question, revealing that the encounter with cases that refer to scenes of violence is disturbing:

*For what? Help in what? This case mobilizes... a lot. There is no way not to mobilize. It looks like a made up case, that doesn't even exist, that a professor tells on graduation course. It seems that a professor put all the pieces together, several cases just to make the worst assembly to be able to teach. But it is for real. I heard all this... All this horror. (P3)*

The students report that, during the observation of the reception at the Psychological Clinic, they felt anguish, thought that they should achieve it, but there was uncertainty about what to do, how to do it:

*Fear of not being able to deal with it (M2),*

The students discussed that, when talking about violence, care must be taken:

*Not listening is better than listening; when you hear, you need to position yourself, do something. (P1)*

The group expresses a critical view:

*There is no point in hitting head-on with a larger system. It is also not possible for people who are here, in this space, at a federal university, discussing this, to live this in silence. Just be another piece that reproduces what already exists. We have this space for that. How important it is to work on multidisciplinary projects. Here in psychology, which is the place for this, so little happens ... We have to really occupy these spaces, make it count. (P2)*  
*You have to create small ways, try to create a bond. From small steps. (P3)*  
*Sometimes, this nurse who does this [quick service, without listening to the patient] has already gone through this process of criticism that we are going through now. The system naturalizes these things. The micro-revolutions process has to be continuous, it cannot stop. (P1)*

Even in the face of malaise, students do not back down and allow themselves to be in contact with the pain of others:

*It is necessary to have an open listening to hear violence, to go beyond facts and to position ourselves. Positioning is important when facing violence. (P3)*

*We are a producer of subjectivity. It is our being that occupies that place, that builds that place (About listening at the reception). (P2)*

## DISCUSSION

The students followed the path of discovery, gradually drawing out what violence is; knowing and recognizing, touching, feeling, suffering, identifying elements that compose it, seeking support in meetings to deal with anguish and frustrations.

See inside out; listen more than hear, observe more than see; go beyond what is expected to be found: this is the ethical proposal of Psychoanalysis. When comparing psychoanalytic listening with the creative work of a photographer<sup>13</sup>, we see that it is necessary to put something that is not so clear in evidence, to cut out the subject's discourse. Like the artistic work of photography, psychoanalytic listening captures marginal or dissonant elements in the subject's discourse.

In the first observations, it is noted that the group experiences the encounter with the suffering of the other. The stories were not simply heard and reported to inform the group what happened. Participants were touched by what they heard, saw and lived. The subject of the experience<sup>14</sup> is defined by its passivity, by its receptivity, by its availability, by its openness; a passivity made of suffering, patience and attention.

The anguish present in the reports shows that the students were subjects of the experience. The subject of the experience does not always remain erect, firm, secure, but it is a fallen, questioned subject<sup>14</sup>. The experience of listening to an individual's suffering mobilizes affections, feelings of helplessness, helplessness.

Psychoanalysis has in listening its essential dimension<sup>15</sup> and the advancement of its presence in places different from the traditional setting, such as in the public service and in institutions shows that Psychoanalysis allows to sustain clinical listening, which only happens in the encounter with the other (and the other)<sup>16</sup>.

The way in which listening is performed is unique; each subject is open to listening in a unique way. The fact may even be the same, but the way in which each subject reports and listens may be different, signaling specific aspects that each one is able to apprehend and how he supports what is being said.

In order for listening to operate, the concept of bonding is fundamental, which is the particular way in which each individual relates to another/others, creating a particular structure at every moment<sup>17</sup>. Thus, it can be said that there is a link from the moment that there is a mutual internal representation, that is, when the existence of another person ceased to be indifferent and started to have meaning and awaken feelings, mobilizations and affections. In order to hear a subject and his helplessness, a specific place is not necessary<sup>18</sup>, a welcoming position is needed.

Thus, the network's impasses, the challenges in communication between institutions and the difficulty that the population faces in finding the service that provides it is contextualized. The Ministry of Health booklet on *welcoming health production practices*<sup>19</sup> - one of the texts discussed at meetings - denounces that the processes of "anesthesia" of listening and producing indifference towards the other, in relation to their needs and differences, have produced the deceptive sense of safeguarding and protecting from suffering. However, these processes plunge into isolation, numb sensitivity and weaken the collective bonds through which the forces of invention and resistance are nourished.

Embracing users is an important resource for the humanization of health services. It should be understood as an ethical guideline constituting the ways of producing health and as

an intervention tool in the qualification of listening, building bonds, guaranteeing access with accountability and resolving services.

The Unified Health System in Brazil (SUS) recommends that welcoming is an affectivity regime built at each meeting, leading to the recognition of the user as a subject and active participant in the health production process. Reception differs from the term screening, as it is not a step in the process, but an action that must take place in all places and moments of the health service<sup>19</sup>.

Welcoming is always the encounter with a foreign face, the risk of an encounter with the other. In the welcoming practice, there is a need for an absolute receptivity to receive this otherness, this foreign part of oneself, the radicality of facing renegade archaic fantasies, the repressed child, helplessness, abandonment, fear, hostility, mobilized in the encounter with the other in a situation of vulnerability<sup>20</sup>.

With the observations at the Psychological Clinic, disappointments arose: there was so much discussion about violence, but in extreme situations they did not know what to do. Fear, doubt, anger, passion. Affection seemed like weakness, something that didn't belong in the manuals, that couldn't happen. It was necessary to take care of this helplessness that arose in the group.

Listening to violence mobilizes and immobilizes. The subject is faced, through the helplessness of the other, with his own helplessness, with his own "*insocorriability*" - the Freudian *Hilflosigkeit*<sup>21</sup>. It is noted how difficult it is for professionals to endure manifestations of anguish that some cases of violence raise, as it leads them to their own helplessness<sup>22</sup>. Therefore, the subject identifies with the suffering of the other, as we are also helpless subjects.

In the encounter with the violence of the Other, it impacts: the open traumatic trauma reveals that what impacts is also what paralyzes, which leads to a place of repetition of individualizing practices in the face of violence. In violent cases, it is interesting that it also disorganizes, gets in the way of details, runs over in the absence of meaning<sup>23</sup>.

The anguish of the graduates refers to helplessness in the face of the suffering of another. Faced with this terrible observation, malaise is experienced. There is discomfort about what a professional can (or should) do in the complex cases that reach them. The university discourse imposes itself and shows that, many times, there is only place for knowledge already constituted a priori, which disregards the subject who speaks of his suffering. This model of operating with knowledge aims to eliminate the possibility of producing private knowledge<sup>24</sup>. Such a position accentuates the malaise, as the students found that there is no definite knowledge that deals with the complexity of violence, unless it is constructed on a case-by-case basis. Helplessness also comes to the fore when the undergraduates realize that the university has not prepared them to deal with such situations, as is expected in their fantasies about professional training.

If the university does not train professionals available to accept the suffering of the other, as denounced in the speeches, then the illusory operation emerges that the Extension Project (*Re*)signifying should occupy that place and assume such responsibility. In the graduates' fantasies, this was the only opportunity they would have to reflect and (*Re*)signifying the ways to face violence. It was necessary to contain this demand, because even if the university reformulates its curriculum and invests in internships and in extension projects, it cannot guarantee this full transmission of knowledge.

Despite the various achievements and advances, the university still faces old dilemmas, especially in relation to the promotion of broad, interdisciplinary, ethical and critical education. Freud<sup>25</sup>, when discussing the relationship between the university and Psychoanalysis, pointed out that students would benefit from Psychoanalysis in the academy, precisely because it imposes questions about the subject's presence and his desire as inseparable from the act of teaching and research.

It is also striking that the undergraduate students who are interns at the University's health services are unaware of an important information tool for SUS, the Compulsory Notification Form for Interpersonal and Self-Harm Violences<sup>26</sup>. The form, prepared by the Ministry of Health, is a register for suspicion or confirmation for any type of violence and is a legal requirement, the result of a continuous struggle for the violence perpetrated against the population to come out of invisibility and become public policies of preventing and combating violence. It is essential that health services and the university know, use it properly and spread it to their students.

When the group reflects on the challenges of the experience of the extension project, it points out that opening up to listen to the violent is also an ethical and political position, a position that allows the encounter with the other. It is this moment of encounter/mismatch that can be called fundamental violence<sup>27</sup>, this contact with a rupture, with the impossibility of fullness, but which allows subjective expression and the construction of the new; but it also implies affectation, pain and anguish.

The subject in this position is able to affect himself and, thus, bear the pain of the other, in the sense of giving support, giving support. The experience lived in the *(Re)signifying* project, linked to the stages that some participants had, was configured as a rich terrain in the exercise of listening. These were meetings that made it possible to unveil what was covered up and to support what was helpless<sup>28</sup>.

This ethical and political dimension in listening aims to provide the subject to appropriate his own discourse, to give a place for his suffering. Through listening, it is possible to build original, individualized solutions, in the face of what is manifested massively devastating<sup>29</sup>.

## CONCLUSION

The project approached listening as a tool for producing knowledge about violence - listening that welcomes malaise and alterity, which provides support for questions to arise and interpretations to highlight what refers to suffering and helplessness.

*(Re)signifying* was a brave group, which remained until the end, without giving up. It faced challenges, overcame frustration of not going to HC-UFU and proposed to be in unusual places and situations. The group followed the path of discovery by knowing and recognizing and identifying elements that make up violence.

From the experiences of the Extension Project, it was possible to identify challenges in university education in relation to listening to suffering and violence. It is necessary for the university to provide spaces for students to experience welcoming with children and adolescents in a unique way and that the mobilized affections are not neglected or criticized.

In listening to violence, there is no place for university discourse as long as knowledge already previously constituted, which disregards the subject who speaks of their suffering. For a welcoming to take place, an ethical, open, welcoming and available position is needed, which can awaken feelings, mobilizations and affections.

Therefore, the experience of assisting a child or adolescent in a situation of violence mobilizes affection, a feeling of helplessness, helplessness. Recognizing and giving way to these aspects is essential for the bond to be established and the listening to occur. Opening oneself to listen to the violent is an ethical and political position, a position that allows the encounter with the other.

The study has as a limitation the impossibility of generalizations, given its cut of a reality in a certain university, however it shows a reality that can be seen in other scenarios.

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### CONTRIBUTIONS

**Bruna Afonso Gibim** and **Anamaria Silva Neves** had equal participation in the conception, outlining, data retrieving and data analysis. **Bruna Afonso Gibim** was responsible for writing. **Anamaria Silva Neves** worked in revision.

### How to cite this article (Vancouver)

Gibim BA, Neves AS. University education and listening to violence. *REFACS* [Internet]. 2020 [cited in *insert day, month and year of access*]; 8(Suppl. 2):702-710. Available from: *insert access link*. DOI: *insert DOI link*.

### How to cite this article (ABNT)

GIBIM, B. A.; NEVES, A. S. University education and listening to violence. **REFACS**, Uberaba, MG, v. 8, p. 702-710, 2020. Suppl. 2. Available from: *insert access link*. Access in: *insert day, month and year of access*. DOI: *insert DOI link*.

### How to cite this article (APA)

Gibim, B.A., & Neves, A.S. (2020). University education and listening to violence. *REFACS*, 8(Suppl. 2), 702-710. Retrieved in *insert day, month and year of access* from *insert access link*. DOI: *insert DOI link*.